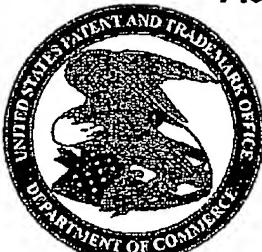


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DEST. NUMBER : 15712732885DOCUMENT# : 7514125-428
TIME STORED : MAR 28 11:43
TX START : MAR 28 11:43
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Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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 Alexandria, Virginia 22313-1450
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 150 BROADWAY, SUITE 702
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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Oleg P. Kaplun, Esq.	(Depositor's name)
<i>[Signature]</i>	(Signature)
<i>Moroch 26</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/717,068	11/19/2003	Hui-Leng Lim	40116/03601	7235

TITLE OF INVENTION: MODULAR ACCESS POINT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/25/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, DANH C	2617	455-090300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Fay Kaplun & Marcin, LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.		2 _____
<input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SYMBOL TECHNOLOGIES INC.

HOLTSVILLE, NEW YORK

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:

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 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
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Certificate of Mailing or Transmission
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Oleg F. Kaplun, Esq.	(Depositor's name)
<i>[Signature]</i>	(Signature)
<i>March 26</i>	2008
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/17.06B	11/19/2003	Hui-Leng Lim	40116/03601	7235

TITLE OF INVENTION: MODULAR ACCESS POINT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/25/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, DANH C	2617	455-090300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Fay Kaplun & Marcin, LLP

2.
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SYMBOL TECHNOLOGIES, INC.

HOLTSVILLE, NEW YORK

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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5. Change In Entity Status (from status indicated above)

- b. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date *March 26*, 2008

Registration No. 45,559

Authorized Signature *[Signature]*

Typed or printed name Oleg F. Kaplun, Esq.

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